

Complete Summary

TITLE

Alcohol screening: percent of patients annually screened for alcohol misuse (NEXUS clinics cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure assesses the percent of patients annually screened with the 3-item Alcohol Use Disorders Identification Test (AUDIT-C) for alcohol misuse.

RATIONALE

The Veterans Administration (VA) requires screening for alcohol misuse (including risky and harmful drinking, alcohol abuse, and alcohol dependence) because it is associated with increased morbidity and mortality. Medical problems due to alcohol dependence include alcohol withdrawal syndrome, hepatitis, cirrhosis, pancreatitis, thiamine deficiency, neuropathy, and cardiomyopathy. Alcohol dependence represents only one end of the spectrum of alcohol misuse. Many drinkers have medical or social problems attributable to alcohol without typical signs of dependence, and other asymptomatic drinkers are at risk for future

problems due to chronic, heavy alcohol consumption or frequent binges. Nondependent drinkers exceeding recommended consumption levels account for the majority of alcohol-related morbidity and mortality in the general population. There is a dose-response relationship between average daily alcohol consumption and elevations in blood pressure and risk of cirrhosis, hemorrhagic stroke, trauma and cancers of the oropharynx, larynx, esophagus, and liver.

Based on the accumulated epidemiological evidence, individuals who drink above the following levels are at increased risk for adverse consequences of drinking:

- 14 drinks/week typically for men, 7 drinks/week for women

OR

- 4 or more drinks on an occasion for men, 3 or more for women.

Alcohol screening is recommended for all adult and adolescent patients. Screening is not aimed just at alcohol dependent individuals, but also at the far larger population of patients with alcohol misuse who can benefit from brief primary care counseling.

PRIMARY CLINICAL COMPONENT

Substance use disorder; alcohol; screening; 3-item Alcohol Use Disorders Identification Test (AUDIT-C)

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics cohort in the sample (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator annually screened with the 3-item Alcohol Use Disorders Identification Test (AUDIT-C) for alcohol misuse (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VHA/DoD clinical practice guideline for the management of substance use disorders.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Adult and adolescent patients

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the NEXUS Clinics cohort in the sample*

*Refer to the original measure documentation for patient cohort description and sampling size strategy.

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator annually screened with the 3-item Alcohol Use Disorders Identification Test (AUDIT-C) for alcohol misuse*

*Note:

- Screened for Alcohol Use: Score of AUDIT-C (range 0 to 12) or full AUDIT (range 0 to 40) is documented in the medical record.
- Patients with consistent documentation of not using alcohol in the prior 12 months are included in both the numerator and denominator as indicative of screening.
- Patients with documented specialty treatment for substance use disorder in the prior 12 months are included in the numerator and denominator as indicative of screening.

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

3-item Alcohol Use Disorders Identification Test (AUDIT-C)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for alcohol screening (NEXUS Clinics cohort):

- Facility Floor: 80%
- Meets Target: 90%
- Exceeds Target: 95%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Alcohol screening.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Mental Health](#)

MEASURE SUBSET NAME

[Substance Use Disorder](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Nov

REVISION DATE

2005 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Alcohol Screening," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on November 9, 2004. The information was verified by the measure developer on December 10, 2004.

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The logo for FIRST GOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

